



STATE OF MISSOURI
MISSOURI DEPARTMENT OF NATURAL RESOURCES
SOLID WASTE MANAGEMENT PROGRAM
DISTRICT GRANT SUBGRANTEE PROFILE AND PLAN IMPLEMENTATION FORM

SOLID WASTE MANAGEMENT DISTRICT		PROJECT NUMBER		PROJECT NAME	
NAME OF APPLICANT				FEDERAL ID OR SOCIAL SECURITY NUMBER	
ADDRESS (STREET, CITY, STATE, ZIP, COUNTY)				TYPE OF ENTITY (NON PROFIT, PUBLIC ENTITY, INDIVIDUAL, BUSINESS) <input type="checkbox"/> NON- PROFIT <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PUBLIC ENTITY <input type="checkbox"/> BUSINESS	
PROJECT INFORMATION					
Project Type <input type="checkbox"/> WR <input type="checkbox"/> RE <input type="checkbox"/> CO <input type="checkbox"/> MD <input type="checkbox"/> EDU					
Estimated Tonnage Diverted				Specific Waste (white goods, oil, yard waste, tires, household hazardous waste, electronics, etc.)	
BRIEFLY DESCRIBE SERVICES OR DUTIES IMPLEMENTED WITH THIS PROJECT AND ATTACH EXECUTIVE SUMMARY AND TASKS FROM APPLICATION.					
APPLICANT INFORMATION					
Official authorized to sign for the applicant				Project manager	
Title				Title	
Address				Address	
City	State	ZIP	City	State	ZIP
Phone		Fax	Phone		Fax
E-mail				E-mail	
Amount awarded by district:				Amount of district match to be provided by applicant:	
Project start date				Project end date	
HAS APPLICANT PREVIOUSLY RECEIVED DISTRICT GRANT FUNDING? List project number(s) and awarded/disbursed/carryover amount(s).					
Project Number		Funding Awarded (\$)		Disbursed	
Carryover					

DISTRICT GRANT SUBGRANTEE OR PLAN IMPLEMENTATION BUDGET FORM

SOLID WASTE MANAGEMENT DISTRICT	PROJECT NUMBER	PROJECT NAME
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FISCAL YEAR DISTRICT SUBGRANTEE PROJECT BUDGET				
Project budget	Requested funds	Match funds	Match in-kind	Total funds
1. PERSONNEL - List each employee paid with state grant funds.				
Example: John Doe, 2,080 hours @ \$15/hr.	\$ 31,200	\$	\$	\$31, 200
	\$	\$	\$	\$
	\$	\$	\$	\$
2. FRINGE BENEFITS				
	\$	\$	\$	\$
3. CONTRACTUAL SERVICES - List each professional service being paid with state grant funds.				
	\$	\$	\$	\$
	\$	\$	\$	\$
4. EQUIPMENT - List equipment to be purchased with state grant funds.				
	\$	\$	\$	\$
	\$	\$	\$	\$
5. SUPPLIES				
	\$	\$	\$	\$
	\$	\$	\$	\$
6. TRAVEL				
	\$	\$	\$	\$
	\$	\$	\$	\$
7. OTHER - List all other items to be paid with state grant funds.				
	\$	\$	\$	\$
8. TOTAL DIRECT CHARGES - Sum of 1 through 7				
	\$	\$	\$	\$
9. INDIRECT CHARGES				
	\$	\$	\$	\$
TOTAL BUDGET - Sum of 8 plus 9				
	\$	\$	\$	\$

Provide supporting documentation for any item costing \$5,000 and over.

Return this form to:

Missouri Department of Natural Resources
Solid Waste Management Program
P.O. Box 176
Jefferson City, MO 65102-0176